



NOTICE OF PRIVACY INFORMATION PRACTICES

Effective date: July 25, 2002
Date(s) of revision: November 1, 2002
January 29, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW CAREFULLY.

Please contact the Privacy Officer or Administrator at either facility if you have any questions regarding this notice.

A. General description and purpose of notice.

This notice describes our information privacy practices and that of:

1. Any health care professional authorized to enter information into your medical record created and/or maintained at our facility;
2. Sharing information with other covered healthcare providers
3. All facility employees, staff, and other personnel;
4. Business associates;
5. VA Field Representative;
6. Research;
7. Funeral directors;
8. Organ procurement organizations;
9. Food and Drug Administration (FDA):
10. Workers compensation;
11. Public Health
12. Law enforcement;
13. Reports;
14. Communication with family;
15. Notification;

All of the individuals or entities identified above will follow the terms of this notice. These individuals or entities may share your health information with each other for the purpose of treatment, payment, or health care operations, as further described in this notice.



B. Our facility's policy regarding your health information.

We are committed to preserving the privacy and confidentiality of your health information created and/or maintained at our facility. Certain state and federal laws and regulations require us to implement policies and procedures to safeguard the privacy of your health information.

This notice will provide you with information regarding our privacy practices and applies to all of your health information created and/or maintained at our facility, including any information that we receive from other health care providers or facilities. The notice describes the ways in which we may use or disclose your health information and also describes your rights and our obligations regarding any such uses or disclosures. We will abide by the terms of this notice, including any future revisions that we may make to the notice as required or authorized by law.

We reserve the right to change this notice and to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility. The first page of the notice contains the effective date and any dates of revision.

C. Uses or disclosures of your health information.

We may use or disclose your health information in one of the following ways:

- (1) For purposes of treatment, payment or health care operations.
- (2) Pursuant to your written authorization (for purposes other than treatment, payment or health care operations)
- (3) Pursuant to your verbal agreement (for use in our facility directory or to discuss your health condition with family or friends who are involved in your care):
- (4) As permitted by law
- (5) As required by law

The following describes each of the different ways that we may use or disclose your health information. Where appropriate, we have included examples of the different types of uses or disclosures. While not every use or disclosure is listed, we have included all of the ways in which we may make such uses or disclosures.

We may use or disclose your health information for purposes of treatment, payment, or health care operations as follows:



- a. Treatment.** We may use your health information to provide you with health care treatment and services. We may disclose your health information to doctors, nurses, nursing assistants, technicians, medical and nursing students, rehabilitation therapy specialists, or other personnel who are involved in your health care. For example, your physician may order physical therapy services to improve your strength and walking abilities. Our nursing staff will need to talk with the physical therapist in order to coordinate services and develop a plan of care. We may disclose your health information to any healthcare provider in order for the receiving provider to perform its treatment activities. We also may disclose your health information to people outside of our facility who may be involved in your health care, such as family members, hospice services, or home health agencies.

- i.** Treatment alternatives, VA Benefit Claims processing, Health related benefits and services.

We may use or disclose your health information for purposes of contacting you to inform you of treatment alternatives or health-related benefits and services that may be of interest to you. We will use your past and current health information, Service Records, VA file and/or private treatment files to assist in obtaining VA benefits.

- b. Payment.** We may disclose your health information to the VA about a treatment you are going to receive in order to obtain prior approval for the services or to determine whether the VA will cover the treatment.

We may disclose your health information to any healthcare provider in order for the receiving provider to perform its payment activities.

- c. Health care operations.** We may use or disclose your health information to perform certain functions within our facility. These uses or disclosures are necessary to operate our facility and to make sure that our residents receive quality care. For example, we may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may combine health information about many of our residents to determine whether certain services are effective or whether additional services should be provided. We may disclose your health information to physicians, nurses, nursing assistants, rehabilitation therapy specialists, technicians, medical and nursing students, and other personnel for review and learning purposes.

We may disclose your health information to another covered entity so that organization can conduct certain healthcare operations (including quality



improvement, utilization review, credentialing, licensing, and accreditation) providing;

- THVC and the other organization have had a relationship with you and the health information we disclose pertains to that relationship; and
 - The disclosure is for treatment, payment or healthcare operations
 - The disclosure is for the purpose of healthcare fraud and abuse detection or compliance programs
- d. Business associates. There are some services provided in our organization through contracts with business associates. Examples include our consultants and attorneys. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information. These associates will follow the terms of this Notice.

2. Uses or disclosures made pursuant to your written authorization.

We may use or disclose your health information pursuant to your written authorization for purposes other than treatment, payment or health care operations and for purposes which are not permitted or required law. You have the right to revoke a written authorization at any time as long as your revocation is provided to us in writing. If you revoke your written authorization, we will no longer use or disclose your health information for the purposes identified in the authorization. You understand that we are unable to retrieve any disclosures which we may have made pursuant to your authorization prior to its revocation. Examples of uses or disclosures that may require your written authorization include the following:

- a. A request to provide certain health information to a pharmaceutical company for purposes of marketing.
- b. A request to provide your health information to an attorney for use in litigation claims.
- c. A request to provide your health information for purposes of insurance claims or application for insurance.

3. Uses or disclosures made pursuant to your verbal agreement.

We may use or disclose your health information, pursuant to your verbal agreement, for purposes of including you in our facility directory or for purposes of releasing information to persons involved in your care as described below.



- a. Facility directory. We may use or disclose certain limited information about you in our facility directory while you are a resident at our facility. This information includes your name, your assigned unit and room number. The directory information may be given to people who ask for you by name. Your name shall be on a nameplate next to your door in order to identify your room, unless you notify us you object.
- b. Individuals involved in your care. Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

We also may disclose information to a person or organization assisting in disaster relief efforts for the purpose of notifying your family/legally authorized representative, or friends involved in your care about your condition, status and location. If we are unable to reach a family member/legally authorized representative, then we may leave a message for them at the phone number that they have provided us, i.e. on an answering machine.

4. Uses or disclosures permitted by law

Certain state and federal laws and regulations either require or permit us to make certain uses or disclosures of your health information without your permission. These uses or disclosures are generally made to meet public health reporting obligations or to ensure the health and safety of the public at large. The uses or disclosures which we may make pursuant to these laws and regulations include the following:

- a. Public health activities. We may use or disclose your health information to public health authorities that are authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury, or disability. We may use or disclose your health information for the following purposes:
 - i. To report deaths
 - ii. To report suspected or actual abuse, neglect, or domestic violence involving a child or an adult
 - iii. To report adverse reactions to medications or problems with health care products (FDA)
 - iv. To notify individuals of product recalls
 - v. To notify an individual who may have been exposed to a disease or may be at risk for spreading or contracting a disease or condition.



- b.** Health oversight activities. We may use or disclose your health information to a health oversight agency that is authorized by law to conduct health oversight activities. These oversight activities may include audits, investigations, inspections, or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulations.
- c.** Judicial or administrative proceedings. We may use or disclose your health information to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your health information pursuant to a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute, but only if efforts have been made to (i) notify you of the request for disclosure or (ii) obtain an order protecting your health information.
- d.** Worker's compensation. We may use or disclose your health information to worker's compensation programs when your health condition arises out of a work-related illness or injury.
- e.** Law Enforcement official. We may use or disclose your health information in response to a request received from a law enforcement official for the following purposes:

 - i. In response to a court order, subpoena (you will be notified in writing when a subpoena is received), warrant, summons or similar lawful process.
 - ii. To identify or locate a suspect, fugitive, material witness, or missing person
 - iii. Regarding a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
 - iv. To report criminal conduct at our facility
 - v. To report a death that we believe may be a result of criminal conduct and report a death to the coroner if it is sudden and unexplained.
 - vi. In emergency situations, to report a crime – the location of the crime and possible victims; or the identity, description, or location of the individual who committed the crime



- f. Coroners, medical examiners, or funeral directors. Consistent with applicable laws, we may use or disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We also may use or disclose your health information to a funeral director to enable him/her to perform necessary job related activities.
 - g. Organ procurement organizations or tissue banks. Consistent with applicable law, if you are an organ donor, we may use or disclose your health information to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.
 - h. Research. We may use or disclose your health information for research purposes according to applicable state/federal regulations (164.514E). We will ask for your specific permission/authorization to use or disclose your health information if the researcher will have access to your name, address, or other identifying information.
 - i. To avert a serious threat to health or safety. We may use or disclose your health information when necessary to prevent a serious threat to the health or safety of you or other individuals. Any such use or disclosure would be made solely to the individual(s) or organization(s) that have the ability and/or authority to assist in preventing the threat.
 - j. Military and veterans. We may use or disclose your health information to the Department of Veterans Affairs that determine eligibility for benefits under the laws administered by the Secretary of Veterans Affairs.
 - k. National security and intelligence activities. We may use or disclose your health information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.
 - l. Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose your health information to the correctional institution or to the law enforcement official as may be necessary (i) for the institution to provide you with health care; (ii) to protect the health or safety of you or another person; or (iii) for the safety and security of the correctional institution.
5. Uses or disclosures required by law

We may use or disclose your information where such uses or disclosures are



required by federal, state or local law.

D. Your rights regarding your health information

You have the following rights regarding your health information which we create and/or maintain:

1. Right to inspect and copy. You have the right to inspect and copy health information that may be used to make decisions about your care. Generally, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy your health information, you must submit your request in writing to the Privacy Officer. If you request a copy, your first copy is free. We will charge a fee for any additional copies.

We may deny your request to inspect and copy your health information in certain limited circumstances. (Example: (a) information obtained under a promise of confidentiality; (b) access is reasonably likely to endanger life, physical safety of you or another person; (c) if your personal representative has requested access and a licensed health care provider has determined that access is reasonably likely to cause substantial harm to you. If you are denied access to your health information, you may request that the denial be reviewed. Another licensed health care professional selected by our facility will review your request and the denial. The person conducting the review will not be the person who initially denied your request. We will comply with the outcome of this review.

2. Right to request an amendment. If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our facility.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide us with a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that

- a. was not created by us, unless the person or entity that created the information is no longer available to make the amendment



- b. is not part of the health information kept by or for our facility
 - c. is not part of the information which you would be permitted to inspect and copy
 - d. is accurate and complete
3. Right to an accounting of disclosures. You have the right to request an accounting of the disclosures which we have made of your health information. This accounting will not include disclosures of health information that we made for purposes of treatment, payment, or health care operations.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period which may not be longer than six (6) years prior to the date of your request and may not include dates before April 14, 2003. Your request should indicate in what form you want to receive the accounting (for example, on paper or via electronic means). The first accounting that you request within a twelve (12) month period will be free. For additional accountings within that twelve (12) month period, we may charge you for the costs of providing the accounting. We will notify you of the cost involved.

4. Right to request restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular treatment that you received.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you. You will be notified in writing, by the Privacy Officer, of the decision.

To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us (a) what information you want to limit; (b) whether you want to limit our use, disclosure or both; and (c) to whom you want the limits to apply (for example, disclosures to a family member).

5. Right to request confidential communications. You have the right to request that we communicate with you about your health care in a certain way or at a certain location.



To request confidential communications, you or your legally authorized representative must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted (for example – private meeting room, no phone messages at home or workplace, or e-mail)

6. Right to a paper copy of this notice. You have the right to a paper copy of this Notice and a copy is provided to you at the time you sign the Consent. Should you or your legally authorized representative desire an additional copy in the future, you may contact the Privacy Officer.

E. Complaints: If you believe your privacy rights have been violated, you may file a complaint with our facility or the Department of Health and Human Services. To file a complaint with our facility, contact the Privacy Officer or Administrator. All complaints must be submitted in writing.

You will NOT be penalized for filing a complaint.